

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37295

1. PLACE OF DEATH

County Gasconade
Township Gasconade
City Bellefleur (No. _____)

Registration District No. 417
Primary Registration District No. 55610

File No. _____
Registered No. 158
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Bellefleur, M.R.R. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Tate

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	69	11	20	

8. OCCUPATION OF DECEASED Laborer
(a) Trade, profession, or particular kind of work Public Works
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Linn Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Robt. Tate

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Mrs. Milton P. Tate
(Address) Bellefleur, Mo.

15. FILED 12-9-27 R.M. Stormont
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1927 to Dec 9, 1927 that I last saw him alive on Dec 7, 1927 and that death occurred, on the date stated above, at 8:13 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pneumonia
92A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Organic Heart Disease
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

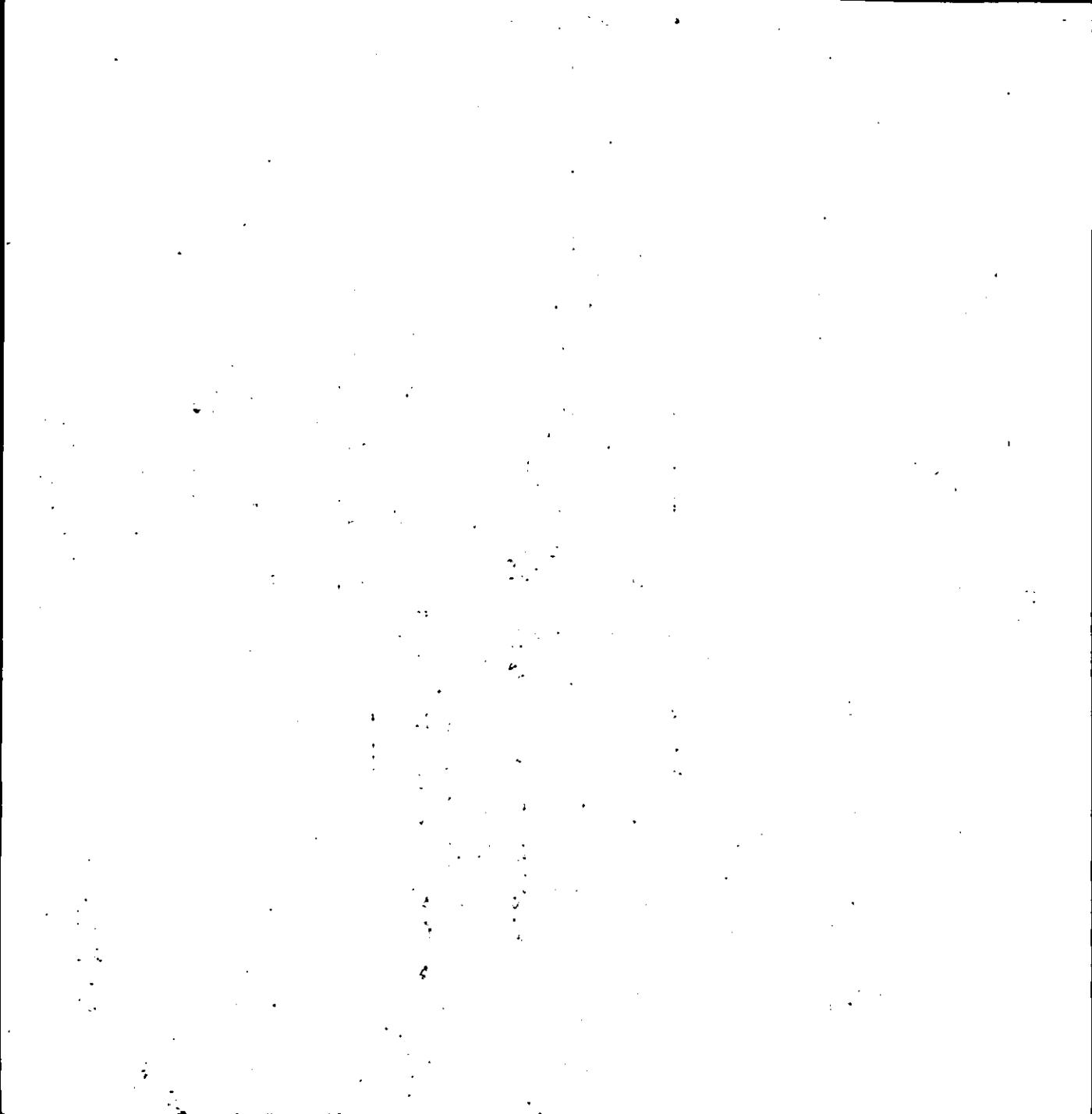
20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. J. G. Hoshaw, M. D.
, 19 (Address) 412 Main St. Bellefleur

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Badger, Kansas DATE OF BURIAL Dec 11 1927

20. UNDERTAKER Stude & Co. ADDRESS Bellefleur, Mo.



**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION REQUESTED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Jasper
Township Jasper
City..... (No....., St....., Word)

Registration District No. 417
Primary Registration District No. 3-3-612

File No.....
Registered No. 13-8

2. FULL NAME Milton Bruce Tate

(a) Residence. No..... St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED m (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS

14. INFORMANT (Address)

15. FILED 2-4-28 R. M. Stornick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 19 27

17. I HEREBY CERTIFY That I attended deceased from 17 Nov to 28 Dec 1927 that I last saw him alive on Dec 8 1927, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Left Pneumonia
1010 (duration)..... yrs. mos. da.
CONTRIBUTOR organic heart
(SECONDARY) disease - valvular (duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. Proshaw, M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

5-37295